


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90042 025 ****61.25

| | | | | | |
|---|--------------------------------|---|--|---|-------------------------------------|
| DOCUMENT # N42179 1. Entity Name ESCAMBIA BAY MARINE INSTITUTE, INC. | | | |  | |
| Principal Place of Business 10605 GULF BEACH HWY PENSACOLA, FL 32507 | | | Mailing Address 5915 BENJAMIN CENTER DR. TAMPA, FL 33634 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3051944 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HULL, DAVID J SMITH, HUSLEY & BUSEY 225 WATER STREET., STE 1800 JACKSONVILLE, FL 32202 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | D |
| NAME | RIGBY, JAMES | | | NAME | Donavan, Marty |
| STREET ADDRESS | 10622 LILLIAN HIGHWAY | | | STREET ADDRESS | 223 east government st |
| CITY-ST-ZIP | PENSACOLA, FL 32506 | | | CITY-ST-ZIP | Pensacola, FL 32501 |
| TITLE | CD | <input type="checkbox"/> Delete | | TITLE | |
| NAME | EVANS, EARL | | | NAME | |
| STREET ADDRESS | 1000 COLLEGE BLVD. | | | STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | | | CITY-ST-ZIP | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | |
| NAME | HILL, MIKE | | | NAME | |
| STREET ADDRESS | 611 NEW WARRINGTON ROAD | | | STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA, AL 32506 | | | CITY-ST-ZIP | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | | TITLE | D |
| NAME | BEASLEY, MARVIN | | | NAME | Brown, Ted |
| STREET ADDRESS | P.O. BOX 12646 | | | STREET ADDRESS | 40 Audusson Ave, PO Box 1415 |
| CITY-ST-ZIP | PENSACOLA, FL 32574 | | | CITY-ST-ZIP | Pensacola, FL 32501 |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | |
| NAME | BLAKE, RANDY | | | NAME | |
| STREET ADDRESS | 6225 SAN MONICA | | | STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date | | | | Daytime Phone # | |